Syphilis Elimination

WHAT IS THE HEALTH ISSUE?

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. Syphilis is curable if detected. However, there is an estimated two-fold to five-fold increased risk of acquiring HIV infection if a syphilis sore is present. Syphilis can also be transmitted from a pregnant woman to her unborn child and can cause stillbirth, death soon after birth, and neurological problems in surviving children. CDC launched the National Plan to Eliminate Syphilis in 1999. At that time the number of cases of infectious syphilis was low, and syphilis occurred in a limited number of the geographical areas, making identification and treatment of cases feasible. Syphilis was mainly found in communities of color where poverty and access to healthcare were key factors allowing it to persist. In 2000, rates reached an all time low; however, the rate of primary and secondary syphilis rose for the third consecutive year in 2003. Outbreaks of syphilis among men who have sex with men have been reported in several cities in recent years and are believed to be largely responsible for the increasing national syphilis rate.

WHAT HAS CDC ACCOMPLISHED?

Through the Syphilis Elimination program, CDC has improved access to high-quality, culturally-sensitive preventive and care services; provided education about prevention of syphilis among minority communities; and strengthened outbreak response preparedness. CDC has also strengthened relationships with other public health organizations, the private medical community, and other partners in STD and HIV prevention. From 1997 to 2003 infectious syphilis rates in women decreased by 69 percent and the rate of congenital cases fell by 62 percent. The overall rate of infectious syphilis fell by 16 percent. Between 1998 and 2003, the ration of infectious syphilis among non-Hispanic Blacks and Whites decreased 89 percent, from 34: 1 to 5:1 and, between 2002 to 2003, the rate of infectious syphilis in African Americans declined by 18 percent. Finally, the number of counties responsible for half of all U.S. cases is down from 31 counties in 1997 to 18 counties and one city in 2003.

Successes in reducing racial health disparities and rates in women have been offset by a rise in cases of infectious syphilis among men. Between 2002 and 2003, the rate of infectious syphilis increased 4.2 percent overall, and 13.5 percent among men. This increase is predominantly among a sub-group of men who have sex with men (MSM) who have increased unprotected sexual practices. Data collected from 32 states showed an 11 percent increase in HIV diagnoses among MSM between 2000 and 2003. These findings raise concerns about a resurgence of syphilis and HIV in this population. Some MSM report a reduction in safer sex practices, partly resulting from better physical health and well-being, and belief that advances in AIDS drugs have made HIV a chronic, but not deadly disease.

Example of Program in Action:

In addition to maintaining syphilis prevention and control efforts in predominantly poor and underserved minority communities, a pilot program was implemented in eight cities with the greatest number of MSM syphilis cases. This specific program is working with community organizations and local health departments to increase syphilis screening, symptom recognition, and outreach efforts.

WHAT ARE THE NEXT STEPS?

CDC and its partners are stepping up efforts to address increases in MSM syphilis. This includes collecting data on behavior and other risk factors to better understand factors associated with the spread of syphilis, and developing strategies for identifying and contacting sex partners met anonymously to ensure potentially infected individuals are tested. The National Plan to Eliminate Syphilis in the United States is being revised for launch in 2006. The revisions will take into account lessons learned to date and include more refined and more culturally competent strategies for disease control and prevention.

For information on this and other CDC and ATSDR programs, visit www.cdc.gov/programs. 2005